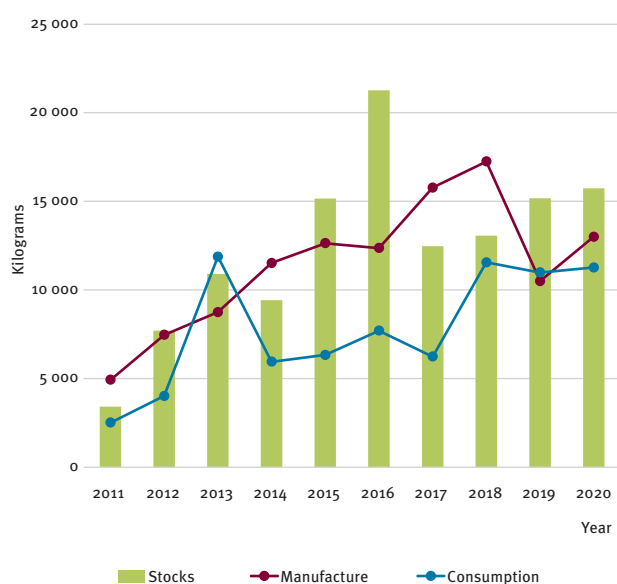


V. Availability of internationally controlled drugs for the treatment of opioid dependence

133. Methadone and buprenorphine are used in the management of pain, but they are also extensively used in the treatment of opioid dependence. Even though the data reported by countries to INCB do not precisely indicate the purpose of the use of methadone and buprenorphine, they mostly mention programmes for the treatment of opioid dependence as the reason for submitting estimates to INCB.

134. Over the last decades, there has been a gradual increasing trend in the manufacture and consumption of both methadone and buprenorphine. The global manufacture of buprenorphine started to increase gradually in the late 1990s as the substance began to be used in higher doses. After a significant drop in 2010, global manufacture recovered, reaching 17.2 tons in 2018. After declining to 10.5 tons in 2019, the global total rose to 13.0 tons in 2020. Most reported consumption of buprenorphine is in Europe and North America.

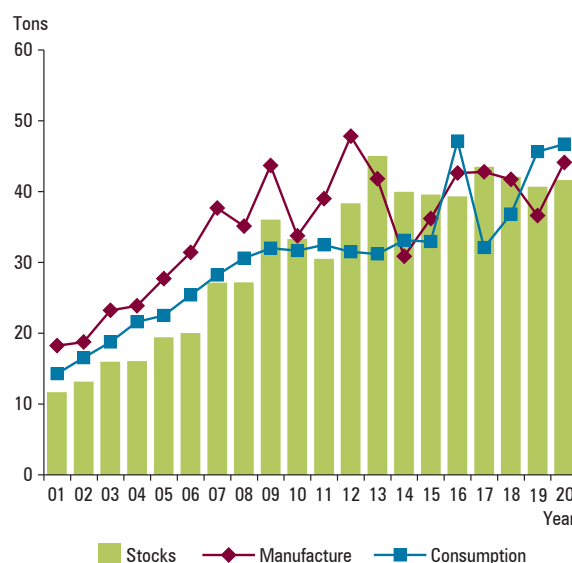
Figure 37. Reported manufacture and stocks of buprenorphine, 2011–2020



135. Methadone is sometimes used for pain management, but it is primarily used in the treatment of opioid dependence. As shown in figure 38, the trends related to the consumption, manufacture and stocks of methadone show a steady increase over the 20-year period 2001–2020, albeit with some fluctuations, reaching 44.1 tons of manufacture in 2020.

136. Global consumption stood at 59 tons in 2020, up from 45.5 tons in 2019 and a further increase from the level of 36.7 tons in 2018. Consumption of methadone was concentrated in a few countries, and there were large differences in global consumption patterns. The countries of greatest consumption were the United States (25.8 tons, or 43.7 per cent of global consumption), followed by Spain (13.6 tons, or 23.1 per cent), the Islamic Republic of Iran (4.9 tons, or 8.3 per cent), the United Kingdom of Great Britain and Northern Ireland (1.5 tons, or 3.3 per cent), France and Canada (each with 1.4 tons, or 2.5 per cent), Germany (1.2 tons, or 2 per cent) and Italy (1.1 tons, or 1.9 per cent).

Figure 38. Methadone: global manufacture, consumption and stocks,^a 2001–2020

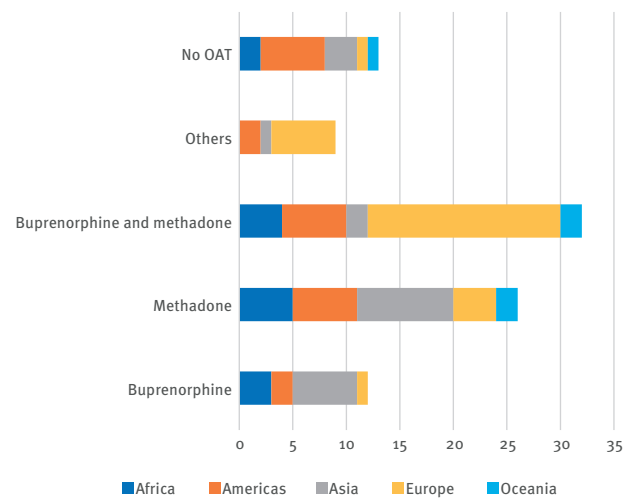


^aStocks as of 31 December of each year.

137. The data available to INCB show that consumption of both substances is concentrated in a limited number of countries. Even though the estimates by the Joint United Nations Programme on HIV/AIDS (UNAIDS) of people injecting drugs are not complete, it is evident that generally the different levels of consumption for both buprenorphine and methadone are related to the presence or absence of people who inject drugs. However, in some countries with a significant prevalence of people injecting drugs, the consumption of buprenorphine and methadone, and also the presence of opioid agonist therapy services, are limited or not present at all. This is sometimes because of political and cultural resistance, or simply inaction by the responsible authorities or incapacity to recognize the problem. Some Governments do not recognize the use of these substances and the provision of related opioid agonist therapy services as effective in the treatment of opioid dependence.

138. In responding to the 2022 INCB survey, 14 per cent of the 96 countries responding stated that they do not have opioid agonist therapy services in place and 9 per cent provide treatment services that do not include methadone or buprenorphine. Thirty-two countries (33 per cent) reported the use of both buprenorphine and methadone in

Figure 39. Distribution of prescribed treatment for opioid agonist therapy



the opioid agonist therapy provided by their health-care services; 27 per cent of countries use only methadone; and 13 per cent use only buprenorphine. The majority of countries using methadone and/or buprenorphine within their opioid agonist therapy health-care services are in the Americas and Europe.